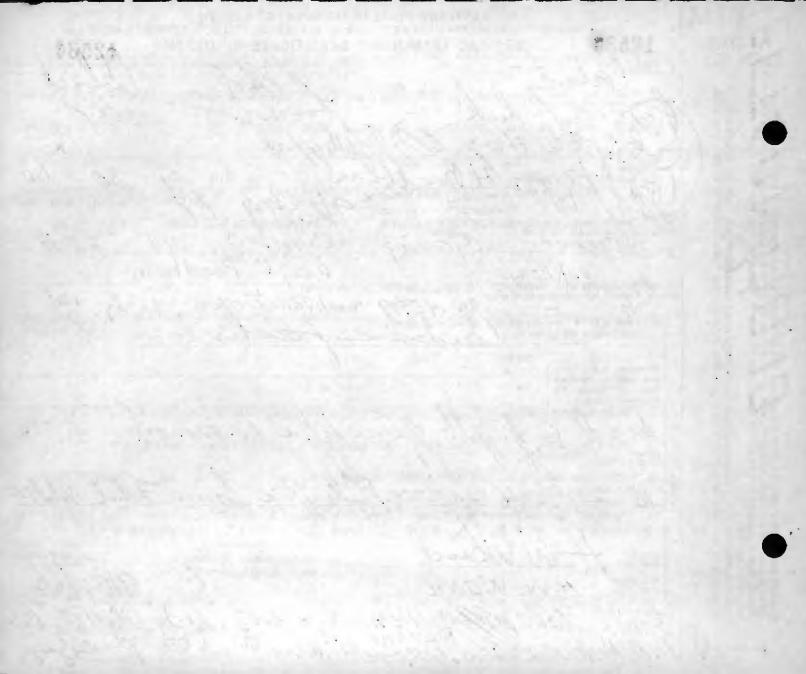
FOR STATE HEALTH DEPT. TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute—e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File defeat and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR 5M AISME (5) 1/65

2 Sund

	MARY	LAND STATE DI	PARTMENT OF	HEALTH	
Division of	STATISTICAL RESEA				E 1, MARYLANI
539	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	A258

	416.1319
1. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE Where daceased lived, If institution: Pesidence before admission
MARYLAND MARYLAND	a. STATE b. COUNTY Diver
CITY OR TOWN (If outside corporate whits, c. LENGTH OF STAY IN 1b	c. CIDY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town
write RURAL and give nearest town	Frank 1 11/1/11/11
JAME OF HOSPITAL DRINSTITUTION OF not in hospital, gare stront appress)	d STREET ADDRESS
11 (1 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1	ON A FARM?
Carting (+ B) print / flat	YES NO [
MAME OF FIRST MIDGIN	Last 4. DATE Month Day Year
(Type or print) (1200) It Que (1200)	DEATH 9 360 1900
5. SEX / S. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. APE (In years IF UNDER 1 YEAR IF UNDER 24 HR
WIDOWED DIVORCED	9249 Months Days Hours Min.
10a. USUAL OCOUPATION (Give kind of work done) 10b. KIND OF RUSINESS OR	11. BIRTHPLACE (Sate or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if ratifad) INDUSTRY	COUNTRY?
13. FATHER'S NAME	(alvert (a. 119. 4.) ft.
A- /-	14. MOTHER'S MAIDEN NAME
MKNOWN	Mary . Drad burn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unbown) (If yes give war or dates of service)	1
NO - 219-14-7579 5	that Igne longue Lustry Ma.
18. CAUSE OF DEATH [Enter only one cause per line for (ef. (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONST AND DEATH
IMMEDIATE CAUSE (a)	
Conditions, If any, which \	
gava risa to immediata	
causa (a), stating tha DUE TO	
underlying causa last. (c)	
PARTALOTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTOUT RELIES TO DESCRIBE HOW INJURY OCCUPANTS OF DEATH.	ATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 lett on h till flow	refore he arrived YES NOK
200. EXTERNAL CAUSE WAS COD. DESCRIBE HOW INJURY OCC	URRED (Enter nature of injury in Part I or Part II of Item 18.)
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	
	KOE DE INJURY, (Home, farm, 201 (City or town) (Gounty) (State)
Hour a.m. Colas / While Not While	
	to the pure week and to
21. I certify that I took charge of the remains described above, he	ld ap Adopsy, Inspection, Inquiry, and in my opinion
death resulted from: Natural causes Accident . Su	icide , Homicide , Undetermined manner
1/ /1/1/1/	CHIEF MEDICAL EXAMINER
SIGNATURE TO WORK	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER
EXAMINER'S H. W. Wahd	Address (Street, city, town, or county)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY , 23d. LOCATION (City, town or county) (State)
Bury (Specific) Ash 3 1966 Middle ham	Chapellemeter, Lushy abortla M.
24. FUNERAL DIRECTOR	25a. REC'DAY PEGISTRAR, 25b. REGISTRAR'S SIGNATURE
DA Nerburgason Medical	la Mars OCT 4 1966 golianles Judge
11.11/10 Meners o Don, 101/ Kapal	acy MA, DATE I 1000 Judge



MARYLAND STATE DEPARTMENT OF HEALTH

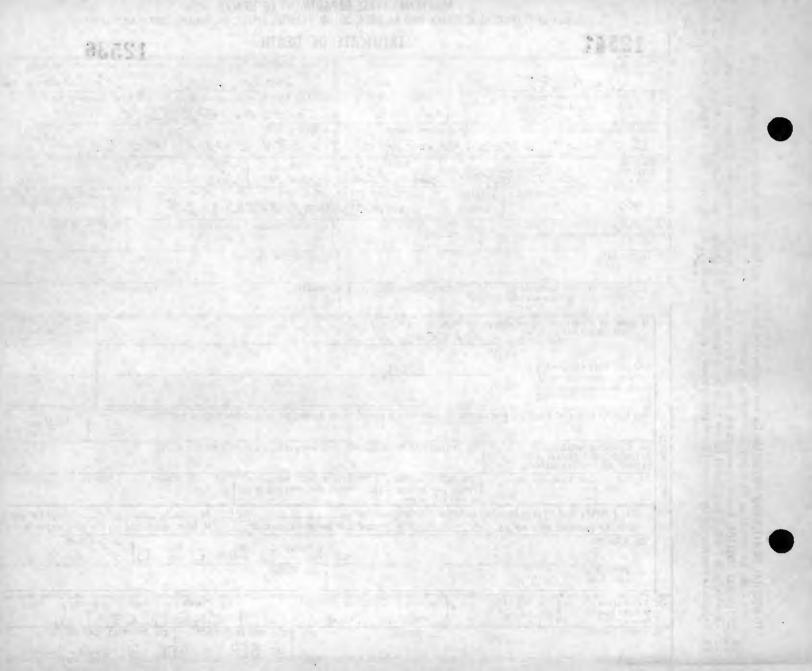
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19580 CERTIFICATE OF DEATH 4 13 = 13 =

1600	6U		CENTI	FICATE	OF DEATH			12	OG	0	
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b. CITY OR TOWN	(If outside corporate limit	ls,	c. LENGTH OF STAY	IN Tb	c. CITY OR TOWN (If ou	tside carporol	te limits, write RU	RAL ond giv	re neores	t town)	
PrinceFr	and give negrest town)		45 day	S	Hunting	town			6	14-1	1
d, NAME OF HOSE	County Hosp		give street oddress)		d. STREET ADDRESS					e. IS RESID ON A FA	
3. NAME DF		irst	Middle		Lost	4. DATE	Mon	th	Doy	h	
DECEASED	Eva		Bassfor	a c	arpenter	OF	Septer		11	196	
(Type or print) S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	DEATH	AGE (In years	IF UNDER		IF UNDER	
Male	White	WIDOWED	DIVORCE		9/5/86		lost birthdoy) 80 yrs.	Months	Doys	Hours	Min.
	ON (Give kind of work done ng life, even if retired)		IND OF BUSINESS OR IDUSTRY		11, BIRTHPLACE (County		eign country)	((ITIZEN OF DUNTRY?	1	
13. FATHER'S NAME					Marylan	NAME			ام الأم ا	4	
CP1	77 7 1 0	,					- 0 1				
Thomas	Walter Car	penter	SOCIAL SECURITY NO.	12 0	Ame.	Tia Ra	ssford	000			
(Yes, no pr unknown	(If yes give wor or dotes	of service)		17. 11	NTORMANI						
no		220	1-48-1817		Ida B. Irel	and	Huntir	ngtown	1, M	aryla	ind
	DEATH (Enter only one co	use per line for	(a), (b), and (c).)		000	2	10			ERVAL BETY	
PARI I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	in. Mes	RIR	edirex 1	76266	Abread	up,	UN	SET AND D	AL
4201	DUE				0	11	///	-1/			-
Conditions, if or		(b) Co	closico	(1)	Trisi	chil	1.8.18.91	1/1	7	340	a1.
rise to immedi	ote couse (o),	10		1		11		11		1	-
lost.	naukuid conza	(c)	(1	/			//			
PART II OTHER	SIGNIFICANT CONDITIONS	* *	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	IN PART 1(a)	/	19.	WAS AUTO	PSY
S			4							PERFORME	ED? No 🗀
S ACCIDENTIA	AS HINDSDIVING CT	20h NO	SCORE HOW WHILE A	OCCUPATO (Tatas and the of latins in 1	Dart Las Dart	II of how 10 h		11	3 🗀	NO [
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205, 06	SCRIBE HOW INJURY	ULLUKKED. (Enter noture of injury in I	ron I or Pan	II of Irem 18.)				
20c. TIME OF IN	JURY Month, Doy, Yeor	20d. II While	NJURY OCCURRED		E OF INJURY (Home, form bry, street, office bldg., etc.)		(City or town)	(Co	unty)	(Stote)
E .	p.m. 19	of wor		1	0 0		-0-1				
21. I cer	tify that (1) (this ha	spital) atten	ded the deceased	fram		9 65 to	180 11	2, 19_	66th	ot (I) (v	we) la:
	deceased alive and		0 1966.	and that	death occurred at	5:30AM	from causes	and an t	he dat	e stated	abavi
220. SIGNATUR		11/							DATE SIGN		
100	MULE	K//		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 94	11.66		
22c. PHYSICIAN	VS //	1			22d. ADDRESS			1	1		-
NAME (Ty	Page C.	Jett, M	1.D.		Pr	ince F	rederick	c, Md	•		
230. BURIAL CREMA			23c. NAME OF CEN	AFTERY OR O			ATION (City or Je		(County	1 /5	tote)
REMOVAL (Speci	ify) 0 Part	4,196	A Got		cel Ch. Con	1 Ple	um to	int	Call	rest.	md.
24. FUNERAL DIREC		^	ADDRESS	n -	, 2So. RECT	BY REGISTR	AR 25b. RI	EGISTRAR'S		-	
det T	V tien	LARAS	Home 1	Morn	(CO) MIN C	ED 1	1000	ml.	2-1/2	0	100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter dealth. Pose 4 may be retained by the hospital or otherdisc physician. Page 4 may be retained by the hospital or ottending physician.

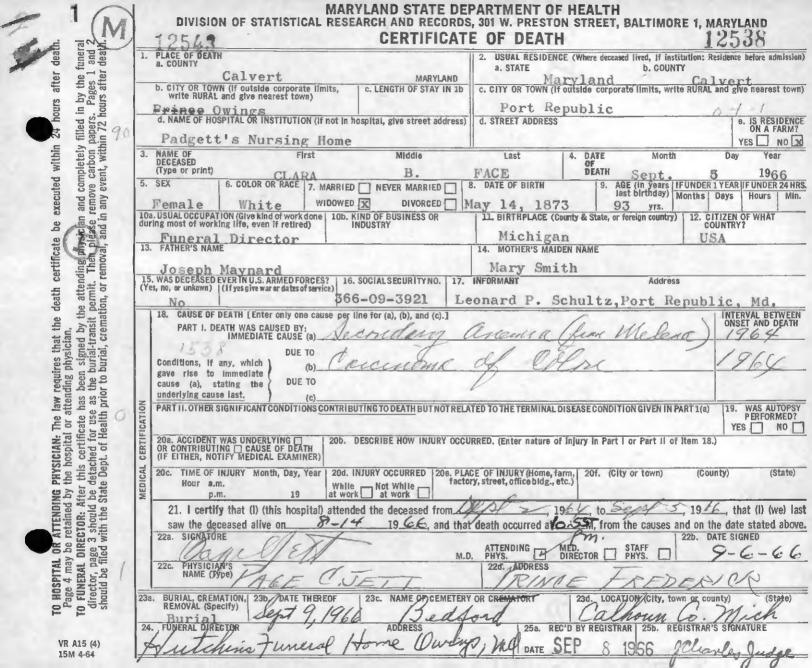
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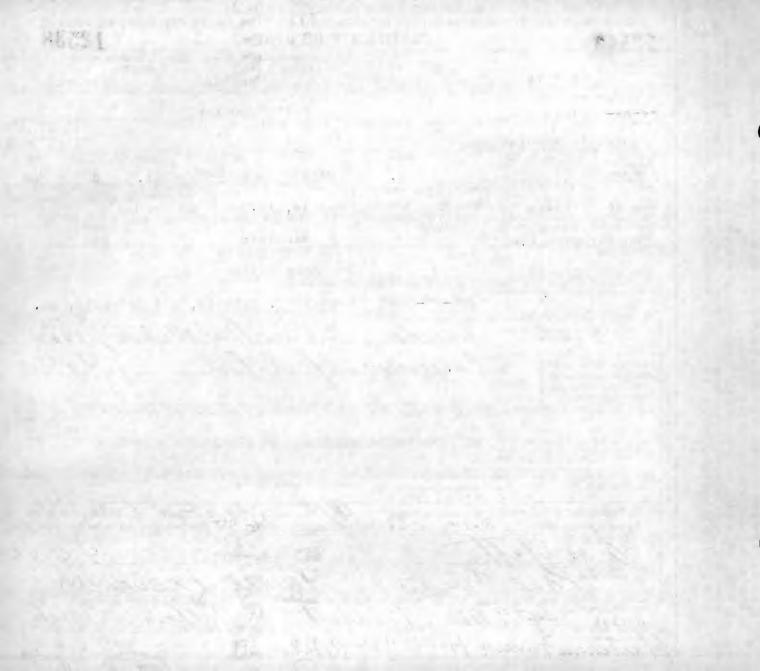
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1254 death. requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) vithin 72 haurs 16 mo 195h. 28, D.C. +Bed. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 9 WERT NUXSING HOME Rd. S 3. NAME OF en please remave carban oval, and in any event, with Middle 4. DATE Month **First** Day Year DECEASED OF DEATH 1966 (Type or print) S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs MAU 181 DIVORCED D WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? ubhasaud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remok IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH wer will IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p far use YES NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, affice blda., etc.) Haur a.m. Not While 19 at wark at wark pe 21. I certify that (1) (this hospital) attended the deceased from Tell 1946, that (I) (we) lost 1966 to M, from causes and on the date stated above. e and that death occurred of sow the-deceased alive on_ 220. SIGNATUR 22b. DATE SIGNED PHYS M.D. DIRECTOR be filed 22d. ADDRESS-22c. PHYSICIAN'S NAME (Type) Shauld be 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMAIORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL Specify) TMod 2 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR 2015 (4)



1			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
FOR ST	FATE		12542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1254	ND
HEALTH	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE Owners deceased lived, if Institution Residence a. COUNTY	before apprission)
× 0	- MI	L	MARYLAND MARYLAND	ul
funeral may be	Department after death.		CITY OF TOWN (If putside corporete limits, write RURAL and give neerest town)	e neerest town)
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and 3.	E S	3.	NAME OF DECEASED First Middle Mickest 4. DATE Month Day	Yeer
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ath. If ages 1 form	2 with within		SEX 8. COLORY OR RACE 7. MARBYED NEVER MARBYED 8. DATE OF BIRTH 9. AGE 1/1 years IFUNDER 1 YEAR Months Deys WIDOWED DEVORCED 6 / 19 / 5 Yrs.	Hours Min.
r death.	event	182	USIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BITTHPLACE (State or foreign country) 12. CITIZEN O	F WHAT
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hours leem 18	in a	13,	Unknown 14. MOTHER'S MAIDEN NAME Unknown	
4 - E	温泉	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 21, no, or unknown) (17 yes give war or dates of service)	
thin icili	permit removal,		I Virginia Spe tolker Ausby	reel
¥ 8.E	20		18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).1 PART I. DEATH WAS CAUSED BY:	AL BETWEEN AND DEATH
Series Ex	cremation, or		7 8 2 4 DUE TO	
dica ext	tal-tr natio		Conditions, If any, which } (b)	
should be word "per Chief Med	a bur		gave rise to immediate Course (e), stating the DUE TO	
Shor		NOI	underlying cause last. (c) PARYII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES 119.	WAS AUTOPSY
the the	used as to burial	Ĕ	18mm Read in want & Lance Had been o they YES	PERFORMED?
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his c wrii rarde	t, p		The to place of the terms of th	(04-4-)
25.50	3 should be agent, prior	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Rome, tarm, 20t. City or town) Hour e.m. p.m. 19 at work of	1 Illa
D TELEFORM	Page nated	2		in my opinion
shoul files.	CTOR: Page designated		death resulted/from: Natural causes . Accident ., Suicide ., Homicide ., Underermined manner .	
te 4	DIRECTOR: r its design		ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 224	FATE SIGNED
			SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER PEXAMINER'S EXAMINER'S OF THE PERAMINER'S OF THE PERAMINER'	1
DEPUT please e director.	FUNERAL Health	00.	NAME (Type) Address (Street, city, town, for county)	0
C)	5.2 5.1	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMETERY 23d. LDCATION (City, town or county)	(State)
	9	24.	a well of method gat 34 CIO I wat of	TURE
VR ALSA 5M	1/65 D	4	. 4. Trackness from Port Republic Tud DATE DEP 14 1906 Juniores	Judge







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12544 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. funeral s 1 ond and in any event, within 72 hours after deoth . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. County Calvert o. STATE b. COUNTY Maryland MARYLAND Calvert. filled in by the fa b CITY OR TOWN (If outside carparate limits c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 write RURAL and give nearest town) Olivet Prince Frederick 31 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? ease remove carbon papers Calvert County Hospital NO X 3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED OF Sarah Elizabeth Emma Gross (Type or print) DEATH 66 S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Female Exi Negro WIDOWED DIVORCED 2-25-85 10o. USUAŁ OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT **COUNTRY?** INDUSTRY attending physicion sermit. Thereplease Maryland

14. MOTHER'S MAIDEN NAME none 13. FATHER'S NAME John Johnson Rosa Buck **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. The should be filed with the State Dept. of Health prior to burial, cremation, or rent IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) INFORMANT 16 SOCIAL SECURITY NO Address Ella Mae Cook Olivet. Maryland no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work at work 21. I certify that (1) (this hospital) ottended the deceased from Aug. 30 , 19 66, to Sept. 309 6 6that (1) (we) last saw the deceased drive ap 19 , and that death accurred at ______M, from causes and an the date stated above. ____M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Roberto de Villapreal, St. Leonard. Maryland 230. BURSAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Olivet CalCo_Md Eastern 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR E.Sewell Fnince VR A15 (4) 20 M 1/66 Mineley 1966 DATE

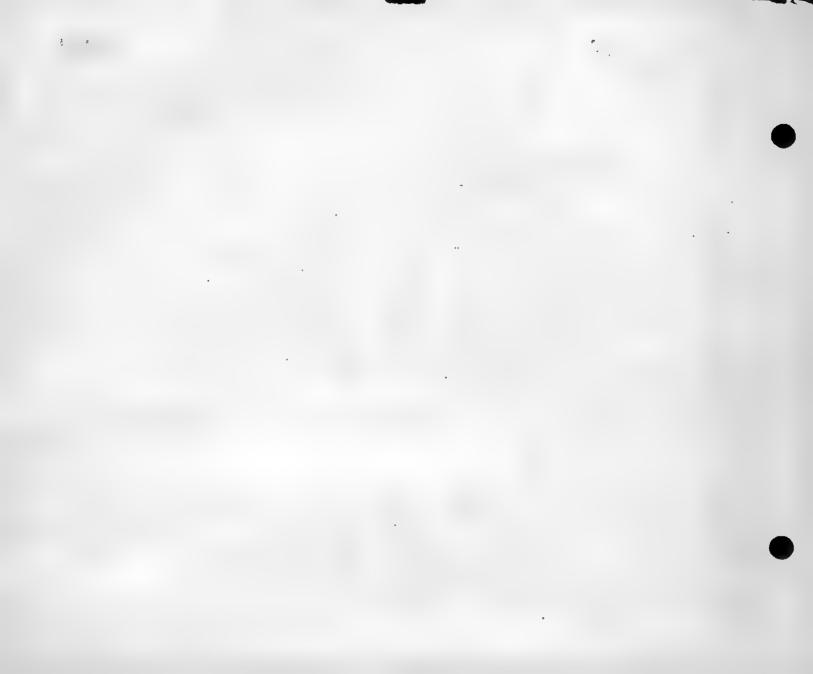




2-1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.
FOR STATE M	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY A. COUNTY MARYLAND 2. USUAL RESIDENCE (Where docrased lived, If institution; Residence before doi: 1510n) e. STATE D. COUNTY MARYLAND
delay is necessary, nd 3 to the funeral Page 5 may be State Department hours after death.	b. Wilto R TOWN (If outside corporate Himits, clength of STAY IN 1b c. CITY OR TOWN (If outside corporate Himits, write RURAL end give nearest town)
s nec	Pdi. NAME OF HOSPITE OR MISTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Page State fours	VES NOR
2, any de phys. the 72 h	3. NAME OF DECEASED (Type or print) Reference (Type or print) Referenc
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the certificate, writing the word "pending" in precili in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ur files. ECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department's designated agent, prior to burial, cremation, or removaly and in any event within 72 hours after death.	5. SEX 6. COLOR OR PAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRDY 9. AGE (In yeers FUNDER 1 YEAR FUNDER 24 HRS. Jast birthday) Months Days Hours Min. WIDOWED DIVORCED 76 yrs.
ir dealive Palvie Palvi	10a. USUAL OCCUPATION (Give kind of work done ob. KIND OF BUSINESS OR during most of working life, even if retired) 11. Burthelace (state or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s afte 18. G along ages 1 any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hour fice a	Ererett Lushy Eliza V. Redman
within 24 hot prediction them miner's Office permit. File premoval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7-16. SOCIAL SECURITY NO. 17. INFORMAND Address (Yes, no, or unknown) (If yes give war or dates of service) 218-17-1373 Regular Surface Baltimaria, Med.
r with miner miner remo	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY:
cuted Frain ansit n, or	IMMEDIATE CAUSE (a) Court of Use of the Court of the Cour
id be executed "pending" in f Medical Exal burial-transit cremation, or	Conditions, if any, which gave rise to immediate (b)
ould the set of the se	cause (e), stating the DUE TO underlying cause last. (c)
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R. This certificate, writing forwarded to 3 should be a sgent, prior t	
e forw forw forw forw forw forw forw forw	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PHADE OF INJURY (Home, farm, Hour, Hour, James 19 While at work at work of the street, office bidg., etc.)
Certifuld by S. S. Page	211 1 certify that Look charge of the remains describe above, field an Autopsy, Inspection, Inquiry, and in my opinion
the certification of the certi	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
Y MEDICAL execute the Page 4 st f for your AL DIRECT	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
TUTY I CONTY I	EXAMINER'S H, W. WARD Address (Street, city, town, or county)
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- =	24. FUNERAL DIRECTOR (25a, REGISTRAR'S SIGNATURE
YR A15ME 3500 4-64	a.a. Hackness Hore Port Apublic, Jud, DATE SEP 7 1966 Johnstes Judge

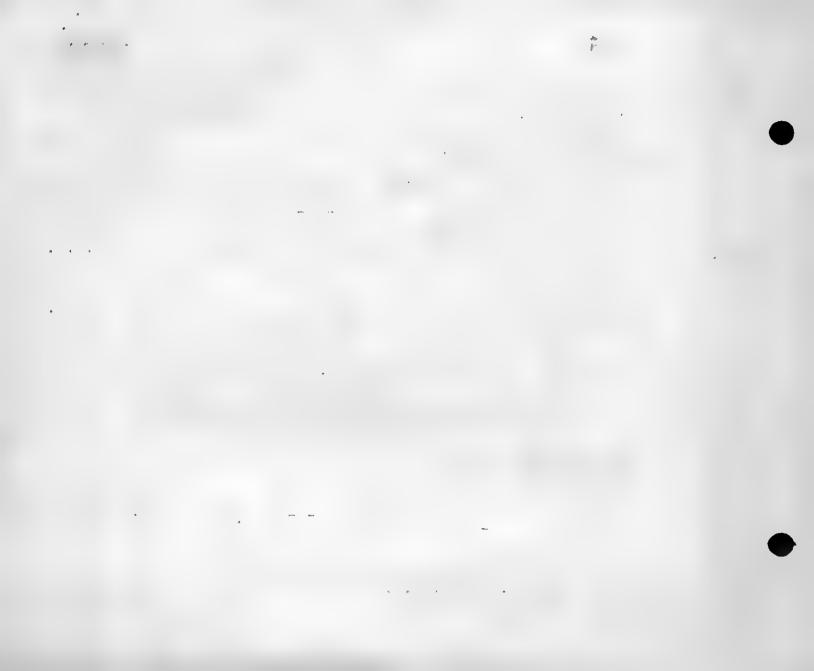


1 - 1		Division of STATISTICAL RESE	MARYLAND STATE DEF ARCH AND RECORDS, 301		LTIMORE, MARYLAND 21	201
X O		12547	CERTIFICATE	OF DEATH	13	2542
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n 24 h	· (NAME OF HOSPITAL OR INSTITUTION (If that in hospital,	give street oddress)	d. STREET ADDRESS	04.	e. IS RESIDENCE ON A FARM? YES NO
physician and campletely filled in en please remave carban papers aval, any event, within 72 h		IAME OF DECEASED Type or print) EX 6 COLOR OR RACE 7, MARRIED	Policy Rawl	Lost 4 DAT OF DEA	TH Sept. 9 AGE (In years) IF JNDER	
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OR ATTENIE be retained DIRECTOR: A ge 3 shauld led with the		220. SIGNATURE	und M.D	ATTENDING MED. PHYS. DIRECTOR	STAFF 22b. 7	DATE SIGNED
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TO HO Page TO FUI direct	230	BURIAL, CREMATION, REMOVAL (Specify) Selection FUNERAL QUECTOR	230 NAME OF CEMETERY OR C	REMATORY 23d Limitary 23d 25g REC'D BY REG	LOCATION (City or Town) Mich Tuelerick ISTRAR 28b. REGISTRAR'S	6 - Calvet Med.
VR A15 (4) 20 M 1/66	0	a. Hasknes You The	of Roublic	Tuel DATE SEP 1	9 1966 Role	when Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12548 CERTIFICATE OF DEATH be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) is again and campletely filled in by the funeral prease remaye carban papers. Pages 1 and II, and in any event, within 72 hours after dealt PLACE OF DEATH o. COUNTY Calvert b. COUNTY o. STATE Maryland Calvert MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carpargte limits, write RURA), and give nearest town) write RJRAL and give neorest town) Chesapeake Beach Prince Frederick davs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS Calvert County Hospital NO A YES 3. NAME OF DECEASED Middle Last 4. DATE Month Day Year OF 66 Lillian W --Stack 19 DEATH (Type or print) IF UNDER 24 HRS B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** (ast birthday) Manths Days Haues 1-31-83 WIDOWED 文 DIVORCED White Female 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland II S A none requims that the denth certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remava Barbara Hurdle Thomas Haves 75 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendit burial-transit permit. Mabel McLemore Forestville, Md. 18. CAUSE OF DEATH (Enfer only one couse per live for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO far use as the t f Health prior to b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur o.m. Not While ot wark 21. I certify that (I) (this haspital) attended the deceased fram 9-6- , 1966, ta , 1966, ta , 1966, that (I) (we) last saw the deceased alive ap. 9-13 1966, and that death accurred at 328M, fram causes and an the date stated above. 1965, that (I) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive an: 9-13 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Frederick Osman . Maryland Ersov 23d. LOCATION (City or Town) 23b DATE THEREOK 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL, CREMATION. Forestville Md Epiphany emeterv 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 300.4th st N Lee Funeral Home E SEP Wash DATE 1966



2. USUAL RESIDENCE NINE MARYLAND TOWN of outs de corporate um ts & LENGTH OF STAY IN 16 HOSPITAL OR INSTITUTION (f not in hospite, g ve street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO [3. NAME OF DATE Month Yeer DECEASED (Type or print) DEATH AGE (In years IF JNDER TYEAR IF JNDER 24 HRS lest birthdey) Man b Days 1De. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) AS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO +17 (Tes, no, or unkown) | (Ifyasgive war or detes of service) 18. CAUSE OF DEATH [Enter only one coast INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which' gave rise to immed eta causa DUE TO (a), stating the underlying PART II. OTHER'S GN FICANT CONDIT THE TERMINAL DISEASE COND TO PARTE TIAL 19. WAS AUTOPSY PERFORMED? NO 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION CAUSE OF DEATH. 2Dc. TIME OF INJURY Month Day Yo r ORRED 20" BLAGE OF NJJRY (Home, farm, ectory, street, office bldg., etc.) 21 I certify that I took charge of the remains described above, he d an Autopsy nspect on Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CH EF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE Should by DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) please 4 shoul O FUN Health Address Street city town (county) 22e, BURAL, CREMAT ON 22b, DATE THEREOF REMOVAL (Specify) 9-11-66 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Ci y, town, or country) St.Edmond C. Cem. Sunderland Md. 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE Prince Frederick, Md. VR A15ME 5M 1/62



Maria Line	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12550 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 212545
HEALTH DEPT.	1. PLACE OF DEATH / USUAL RESIDENCE (Where deceared lived, if institution Residence admission)
	a. GOUNTY COUNTY (DUCE)
essary funeral nay be irtment death	CTTY OR TOWN (Nontside corporate limits, Los LENGTH OF STAY IN 1b / C. DATT OR TOWN (If outside corporate limits write RURAL and give pearest town)
fune may partm er dea	Hon thopsacre perin our officere Perin
after a	d. WAME OF HOSPITAL OF INSPIRATION (If not in hospital, glys treet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
lelay cessary, d 3 t funeral d 3 t funeral s may be State Eepartment hours after death.	3. NAME OF A STITUTE MINDS TO PARTIES AND THE MONTH Day Year
The Man	OF OF PRINTING DEATH 9 17 1966
=== ===	5. SEX 6. COLDR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 VEAR (IF UNDER 24 HRS.
death. If Pages 1, th form and 2 with saft within	WIDDWED OIVDRCED W/LAL/O/ 63 yrs.
ive Par with with	10e. USUAL DCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT CDUNTRY
wirs afte in 18. Girls a along pages 1 in any (13. FATHER'S NAME Jaurnalist Jaurnalist Jaurnalist Mainer's Malden NAME
ours pag jun	There the transfer did forming
24 hc Office and	15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war dates of service)
within pencil ir miner's permit.	710 - 577-10-4566 Coseph Typue Tout Republic, Mid.
EXAMINER: This certificate should be executed within 24 hours after death. certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with for files. 10R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 viesignated agent, prior to burial, cremation, or removal, and in any event with	18. CAUSE OF CEATH [Enter only one cause por line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:
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execution of the second of the	Conditions if any which \
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hour ord in s	underlying cause last. (c)
ficate sho the work the Chi the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED PERFORMED
rtifica I to t be us ior to	YES NO A 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
rritin ration rded bld b	YES NO OBSCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
R. This cerate, writing forwarded 3 should basent, prijes	Stays)
NER.	
Certi Certi S. S. S	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection/ Inquiry, and in my opinion
EXA shoul files. TOR: design	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .
MED ecut. Page 4 or your or its d	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
Y WE for Day	EXAMINER'S 1/ 1/(11/ 12)
D DEPUTY MEC EXAMINE please execut. a certific director. Page 4 should be retained for your files. FUNERAL DIRECTOR: Page of Health or its designated	NAME (Type) /7 . W . WARD Address (Street, city, fown, or county) / 1 2 / 0
TO DEPUTY please ex director, retained f TO FUNERAL of Health	REMOVAL (Specify)
	24 FUNERAL DIRECTOR DE REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	(1. O. Harbeness & Son Port Republic , End, DATE SEP 21 1966 Plantes Judge

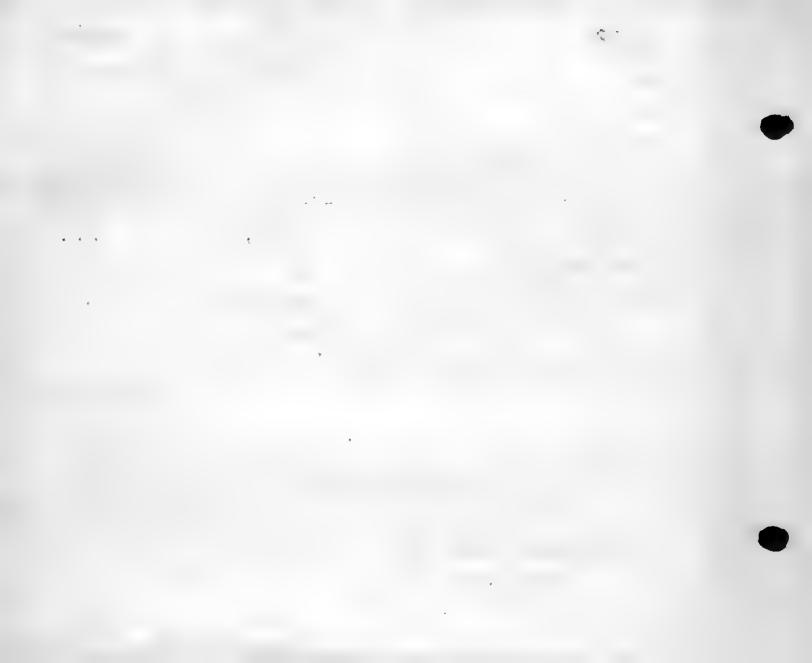


10 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		12551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12546
HEALTH DEAT.) 1	a ACHINE
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uted within " in pencil in Examiner's msit permit.", or removal.		18. CAUSE OF DEATH [Enter only one cause ber line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
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shoul word Chief as a rial,	2	underlying couse last. (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT REJATED JOSH E TERMINAL DISEASE CONDITION GIVEN UP PART 1(a) 19. WAS AUTOPSY
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riting the word be executed riting the word "pending" in treded to the Chief Medical Example be used as a burial-transit prior to burial, cremation, or r	CERTIFICATION	201. EXTERNAL CAUSE WAS 206. DESCRIBE HOW, INJURY OCCUPATED (Enter nature of injury in Part I or fart to of the 18.)
Mary William Int.	E 0	CAUSE OF DEATH. COC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PRAYE OF INJURY (Home, farm) 2007 (City of lown) (County) (State)
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the certificate the certificate the should be for in files. In files. CIDR: Page 3 start the segment of the s	Σ	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
AL EXA the construction of the construction of		death resulted from: Natural causes Accident . Suicide . Homicide . Updetermined manner
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ry MEDI execute page I for yo RAL DIRI		DEPUTY MEDICAL EXAMINER XI
DEPUTY sase ex ector. tained f TUNERAL		EXAMINER'S H. W. Ward Address (Street, city, town, or county)
TO DEPUTY MEDICAL EXPENSION OF Health or its design of Health or its design.	2.	Ba. Burial, cremation, 23b. Date thereof 23c. Name of cemetery or crematory 23d. Location (city, town or county) (State) Burial Sept. 16-1966 Fort Lincoln Cemetery EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
L	2 3	Buriel Sept. 16-1966 Fort Lincoln Cemetery RXARERDIXX Blanchsburg M D 4. JUNERAL DIRECTOR D ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	18	Simmons Bros. 1661-Good Hope Road SE. Wash., DC, DATE SEP 16 1966 from Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral death, PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) an a. COUNTY a. STATE b. COUNTY oon papers. Pages 1 within 72 hours after the CA DUERT

6. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYTAND ANNE ARUNDEL by the Pages c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 38 DAYS PRINCE FREDERICK IOTH IAN .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS YES NO T COUNTY HOSPITAL completely carbon NAME OF Month First Middle Last DATE Day Year 4. DECEASED DF event, DEATH (Type or print) 1966 CHARLES OTDRIDGE WAYSON Q 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HR\$ 5. SEX 8. DATE OF BIRTH 9. NEVER MARRIED last birthday) | Months Days Hours Min. any and T -12-88 MATE WIDOWED DIVORCED 78 Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician ease during most of working life, even if retired) INDUSTRY COUNTRY? ала POULLIC RETHERE MARYTAND II.S.A SUDIEY. removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending parmit Then MORGAN MCCAULEY WAYSON MARY ELIEN BIRKHEAD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address TOR. After this certificate has been signed by the atter should be detached for use as the burial-transit permit. th the State Dept. of Health prior to burial, cremation, or (Yes, no, or unknown) | (If yes give war or dates of service) WORLD WAR I YES OWINGS . MD KATHERINE PADGETT 18. CAUSE DF DEATH [Enter only one cause_per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO I YES I 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work p.m. 3 should with the S 19.66 that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from 196.4 TO FUNERAL DIRECTOR: and that death occurred at// 45 M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. director, page 3 should be filed v ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. M.D. Page 4 may 22c PHYSICIAN'S NAME (Type) 22d. ADDRESS GEORGE J. HINT INCTON 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 110 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. 27d856 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY MARYLAND delay is necessary, and 3 to the funeral 3. Page 5 may be Department after death. CITY OR TOWN (If outside corporate limits, welte RURAL and give nearest town) funeral b. CLY OR TOWN (If outside cornorate limits, frite RURAL and give nearest town) C. LINGTH OF STAY IN 1b MAME OF HOSPITAINOR T e. IS RESIDENCE (STATUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? State hours NO D YES ! any dela 2, and PM3. F NAME OF First DATE Month Day DECEASED DEATH 190 (Type or print) 2 with within Pages 1, AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR DATE OF BIRTH OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Hours death. WIDOWED DIVORCED event 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if regred) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 11. Give COUNTRY? after pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN MAME File 世の 13 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Cryes play war or dates of service) 16. SOCIAL SECURITY NO. INFORMAN 17. This certificate should be executed within 29 a writing the word "pending" in pencil in pwarded to the Chief Medical Examiner's 01 permit. 18. CAUSE OF DEATH | Enter only one cause New line for (a), (b), and (c) burial-transit PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the 60 used as a to burial, underlying cause last. PART UNOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES T 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) PE shoul 3 shou agent, CAL 20d. INJURY OCCURRED 20e. FIACE OF INJURY (Home, farm, 20f. (City or town)) (State) TIME OF INJURY Month, Day, Year, Not While 81.2.16 CTOR: Page designated at work at work and in my opinion the cert V took charge of the remains described above, held an Autopsy Inspection Inquiry DIRECTOR: - Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER your d DATE SICHED **ACTUAL** Page for you ASSISTANT MEDICAL EXAMINER SIGNATUR 6 DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** please e retained Address (Street, city, town or county) NAME (Type) NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION. 23 c. LECATION (City, town (Stete) 23a. REMOVAL (Specify) 0 REC'D BY REGISTRAR 25b. 258. FUNERAL DIRECTOR YR A15ME 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12554 death. irs after death by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Calvert o. STATE b. COUNTY hours after MARYLAND Maryland Calvert b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give negrest town) Prince Frederick 7 days Prince Frederick filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS and in any event, within 72 Calvert County Hospital YES TO NO be executed within 3. NAME OF remaye carban Middle 4. DATE Last Month Day Year campletely DECEASED John Briscoe Young 1966 (Type or print) DEATH S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lost birthday) Months Days Haurs 6-11-05 White WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician a during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate Farmer & Carpenter Maryland Farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Joseph W. Young Susie E. Hooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) ((If yes give war ar dates of service) 7143 Mary V. Young, Prince Frederick, Md burial, crematian, INTERVAL RETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lineafor (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO be retained by the haspital ar attending stating the underlying cause as the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) ed for use a CERTIFICATION 0 YES NO K TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at work at work 21. I certify that (I) (this haspital) attended the deceased from Sept. 21, 1966, to Sept. 28, 1966, that (I) (we) last and that death accurred of 9:00 am, from causes and on the date stated above. saw the deceased diveran 22o. SIGNATUR 22b. DATE SIGNED 50 DIRECTOR directar, page 3 shauld be filed v M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type George J. Weems. M.D Huntingtown. Maryland 23c. NAME OF CEMETERY OR CREMATOR 23b. DATE THEREOF 23d LOCATION (City or Town 230. BURIAL CREMATION (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) Marley 20 M 1/66 DATE

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